FORM PTO-875 (Rev. 8/01)

	4.								Application of Doctor M					
1	PATENT APPLICATION FEE DETERMINATION RECO								Application or Docket Number					
Effective October 1, 2001								09966257						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR	OTHER THAN OR SMALL ENTITY			
_T	OTAL CLAIMS	28					RATE	FEE	٦	RATE	FEE			
F	OR		NUMBER	FILED	NUME	NUMBER EXTRA		BASIC F		OR		<del>                                     </del>		
ľ	OTAL CHARGE	22 minus 20=		. 2	2		X\$ 9:		OR	X\$18=	36			
Щ.	DEPENDENT C							X42=		OR	X84=			
┞		NDENT CLAIM PI	<del></del>					+140=		OR				
''	- 11 1	o in column 1 is				column 2	Ī	TOTAL		OR	TOTAL	-176		
1	Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY						
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
END	Total	-23	Minus	-di	3_	.0	]	X\$ 9=		OR	X.	100		
₹	Independent FIRST PRESE	ENTATION OF MI	Minus ULTIPLE DEF	PENDEN	T CLAIM	- <i>(y</i>		X42=		OR	200	Ø		
	. 1 ,						, 	+140=		OR	+200=			
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0	10010	(Column 1)		(Colur		(Column 3)		400m	:E		AUUII. FEE	<del>/~</del>		
AMENDMENT B		CLAMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	IEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	· 23	Minus	-2	2	<u>.</u> · /	] [	X\$ 9=		OR	X\$185	7		
Ā	Independent FIRST PRESE	NTATION OF MU	Minus ULTIPLE DEP	***	3	- /	] [	X42=	1	OR	200			
			/LIN 44	TEI NO DE L	····		, [	+140=		OR	1580 360	/		
							A	TOTA		OR	TOTAL ADDIT. FEE	8		
		(Column 1)		(Colum		(Column 3)			<b>-</b>	•		7		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL		
Ş	Total	•	Minus	**		=		X\$ 9=	1		X\$18=	FEE		
AME	Independent	•	Minus	***		•	<b> </b>  -		-	OR				
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		▎├	X42=	<b></b>	OR	X84=			
• 1	If the entry in colu	mn 1 is less than th		+140=		OR	+280=							
***	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.													

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